## 27039534047

FEC FORM 1

## STATEMENT OF ORGANIZATION

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2007 OCT 10 AM 8: 19'

FORM I			Off	ice Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Lieie Zelidin	For Congr	<u> </u>	<del>                                      </del>	
				<del></del>
ADDRESS (number and street)	P.O. B.O.K. 11.3	33		
(Check if address			<del>                                      </del>	
is changed)	Shirley		M Y	1.9.6.7 -
COMMITTEE'S E-MAIL ADDRES	se.	CITY ▲	STATE ▲	ZIP CODE ▲
Info@zeld in			11111	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)	•		
ih,+,+,p,:, //,w,w,w	_	100m	1 1 1 1 1 1	
COMMITTEE'S FAX NUMBER				
2. DATE / O O	1 2007			
3. FEC IDENTIFICATION NU	JMBER ▶ C			
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the bes	st of my knowledge and belief	t is true, correct and	complete.
Type or Print Name of Treasure	Nancy A. Ne	eumann		
Type or Print Name of Treasurer Signature of Treasurer	anush thei	imana	Date / O.	01'2007
NOTE: Submission of false, errone	• •	n may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only FESAN042.PDF		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

	FEC For	m 1 (Revised 02/2003)		Page 2
j.	TYPE OF CO	OMMITTEE (Check One)		
	(a) X	This committee is a principal campaign committee. (Complete	the candidate information below.	)
	(b)	This committee is an authorized committee, and is NOT a prin information below.)	cipal campaign committee. (Com	plete the candidate
	Name of Candidate	Lee M Zaldin		
	Candidate Party Affiliation	on REP Office X House	Senate President	State NY District 0
	(c)	This committee supports/opposes only one candidate, and is N	OT an authorized committee.	
	Name of Candidate			
	(d)	This committee is a (National, State or subordinate) commit		(Democratic, Republican, etc.) Party.
	(e)	This committee is a separate segregated fund.		
	(f)	This committee supports/opposes more than one Federal cand committee.	idate, and is NOT a separate se	gregated fund or party
ì.	Name of Any	y Connected Organization or Affiliated Committee		
<u> </u>	<del></del>	<u> </u>	<del></del>	<u> </u>
L				
	Mailing Addre	ess <u>                                    </u>	<del>                                      </del>	
			بنا لنا لنب	ليسا-ليب
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship		<u> </u>	<u> </u>
	Type of Conn	nected Organization:		
	Corpo	oration Corporation w/o Capital St	ock Labor Organ	ization
	Memi	bership Organization Trade Association	Cooperative	
_	"			

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Write or Type Committee Name  Lee 2eld on for Congress  7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of books and records.  Full Name  M.A.N.C.Y. A. M.E.W.A.W.N.  Melling Address  W. O.R.T.HA.G.R.T.  Title or Position▼  CITY A. STATE A. ZIP COD  Title or Position▼  Title or Position▼  CITY A. STATE A. ZIP COD  W.A.W.G.Y. A. N.E.W.A.W.  Malling Address  N.A.W.G.Y. A. N.E.W.A.W.  Malling Address  N.A.W.G.Y. A. N.E.W.A.W.  Malling Address  N.A.W.G.Y. A. N.E.W.A.W.  Title or Position▼  CITY A. STATE A. ZIP COD  TITLE Or Position▼  CITY A. STATE A. ZIP COD  TITLE Or Position▼  CITY A. STATE A. ZIP COD  TITLE Or Position▼  CITY A. STATE A. ZIP COD  TITLE AS W.R.G.R.  Telephone number  Full Name of Designated Agent  Agent  Mailing Address	Page 3	FEC Form 1 (Revised 02/2003)
7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of books and records.  Full Name   MAINICY   A   MEUMANN   Mailing Address   WORT HARRT   WIY   MY   MORT HARRT   Title or Position▼   CITY A   STATE A   ZIP COD    **TREASURER**   Telephone number		
books and records.  Full Name   NANCY   A   NEUMANN   Mailing Address   VII   KEW CT   W. Q.R.T.HAQ.R.T.   W.Y.   V. (7.5.8)   Title or Position▼   CITY A   STATE A   ZIP COD   K.R.E.A.S.W.R.E.R.   Telephone number	ress	Lee Zeldin for Cong
Mailing Address	per - optional) and position of the person in possession of committee	• • •
MICHARIA STATE A ZIP COD  KIREASURER Telephone number — optional) of the treasurer of the committee; and the name and a any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  LI KEW CT  Telephone number — Telephone number — Optional)  Title or Position▼  CITY A STATE A ZIP COD  TITLE AS URER  Telephone number — —  Full Name of Designated Agent  Mailing Address		
Title or Position▼  CITY A  STATE A  ZIP COD  KIREASURER  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Title or Position▼  CITY A  STATE A  ZIP COD  Title or Position▼  CITY A  STATE A  ZIP COD  Title or Position▼  CITY A  STATE A  ZIP COD  Title or Position▼  Telephone number  Telephone number  Telephone number  Telephone number	-	Mailing Address
Title or Position▼ CITY ▲ STATE ▲ ZIP COD  ***INEAPSUIRER**  Telephone number		WORTHPORT
8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and a any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  CITY ▲ STATE ▲ ZIP COD  TILEASURER  Mailing Address		
any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Malling Address  LI KEW CT  MORT: # PORT  Title or Position▼  CITY ▲  STATE ▲  ZIP COD  Tull Name of Designated Agent  Mailing Address	Telephone number	KREASURER
of Treasurer  Mailing Address  LII KEW CT  WY III 7.68  Title or Position▼  CITY ■  STATE ■  ZIP COD  TLEASURER  Full Name of Designated Agent  Mailing Address	al) of the treasurer of the committee; and the name and address of	
MORT.HRORT.  WY 1/768-  Title or Position▼ CITY ▲ STATE ▲ ZIP COD  TREASURER.  Full Name of Designated Agent  Mailing Address	, 	Full Name of Treasurer NANCY A NEUMANN
Title or Position▼ CITY ▲ STATE ▲ ZIP COD  TREASURER  Full Name of Designated Agent  Mailing Address		Mailing Address
Title or Position▼ CITY ▲ STATE ▲ ZIP COD  TREASURER  Full Name of Designated Agent  Mailing Address	<del></del>	
TREASURER  Telephone number  Full Name of Designated Agent  Mailing Address		WORTH RORT
Full Name of Designated Agent  Mailing Address	STATE ▲ ZIP CODE ▲	Title or Position▼ CITY ▲
Designated Agent  Mailing Address  Lilinininininininininininininininininini	Telephone number	TREASURER
		Designated 1
Title or Position♥ CITY ▲ STATE ▲ ZIP COD		Mailing Address
Title or Position♥ CITY ▲ STATE ▲ ZIP COD		1
Title or Position♥ CITY ▲ STATE ▲ ZIP COD		
	STATE ▲ ZIP CODE ▲	Title or Position▼ CITY ▲
Telephone number	Telephone number	

ZIP CODE A

FEC For	n 1 (Revised 02/2003)	Page 4			
	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.				
Name of Bank	c, Depository, etc.				
	MORTH FORK BANK				
Mailing Addres	ss [800 MONTAUK HWY				
		<u> </u>			
	SHIRLEY WY	111567-			
	CITY ▲ STATE ▲	ZIP CODE ▲			
Name of Bank	, Depository, etc.	· <del>-</del> ·-			
		<del></del>			
Mailing Addres	ss <u>                                    </u>				
	<u> </u>	<u> </u>			
		1 1 1			

CITY A

STATE A

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Conf	irmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
DDEDARED	10/10/57
(3/2005)	DATE PREPARED